

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
*American Association of Bioanalysts Political Action Committee (AAB\*PAC)*

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. *Friends of Lois Capps*  
Mailing Address *38 Ivy Street, SE*  
City *Washington* State *DC* Zip Code *20003*  
Purpose of Disbursement *Congressional Candidate*  
Candidate Name *Lois G. Capps*  
Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) *▼*  
State: *CA* District: *24*  
Amount of Each Disbursement this Period *100000*

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. *Friends of Sherrod Brown*  
Mailing Address *328 Massachusetts Ave. NE*  
City *Washington* State *DC* Zip Code *20002*  
Purpose of Disbursement *Senatorial Candidate*  
Candidate Name *Sherrod Brown*  
Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) *▼*  
State: *OH* District: *▼*  
Amount of Each Disbursement this Period *100000*

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. *Friends of Sherrod Brown*  
Mailing Address *328 Massachusetts Ave. NE*  
City *Washington* State *DC* Zip Code *20002*  
Purpose of Disbursement *Senatorial Candidate*  
Candidate Name *Sherrod Brown*  
Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) *▼*  
State: *OH* District: *▼*  
Amount of Each Disbursement this Period *150000*

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

*350000*  
*350000*

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